

Suggestions for improving continuity of medication between hospital and home in a local context of Wallonia

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Background

The problem

Modifications of the usual medication when the patient goes from one level to the other

Spinewine A, et al. Belgian Health Care Knowledge Centre (KCE). 2010. KCE Reports 131C.

Search for solutions

It is necessary to have a dialogue with local 'actors' to find acceptable and feasible solutions

Previous local study

Expressions of the different local actors' point of view

<http://www.gls-sisd.be/documents/documents/MedicHop-Rapportglobal.pdf>



Research question

Which local strategies could be implemented to improve continuity of drug therapy when the patient moves to hospital and back home?

1. Which strategies are proposed by actors of different professions ?

2. Which strategies are acceptable by all of them?

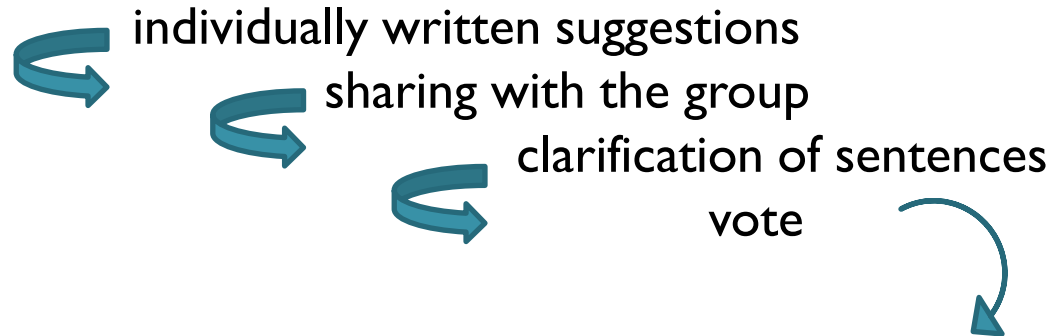
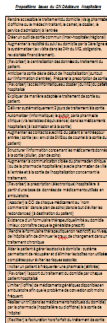
1. Which strategies are proposed by local actors of different professions ?

Method

Actors General practitioners - Pharmacists
Hospital specialists - Hospital stakeholders

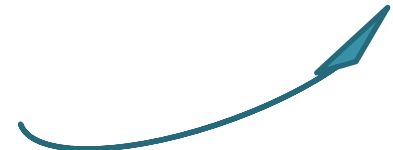
4 nominal groups

« Which solutions do you suggest in order to improve continuity of drug treatment when the patient transfers from home to hospital and vice versa ? »



Propositions	% points	% votes	Category
[To favour] the pooling of medical records of 1 st and 2 nd lines	16	16	Standardised process
To encourage dialogue when the treatment has to be changed (recommended change instead of direct change)	16	12	Communication
[to link] the actualised treatment with the patient, through a common support	15	16	Common tools
To create a document collecting the treatment when the patient enters and when he leaves the hospital	12	8	Any professional

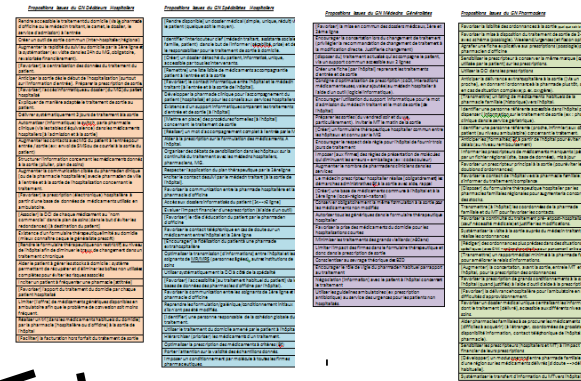
Thematic analysis by the researchers
based on the central idea of the suggestion



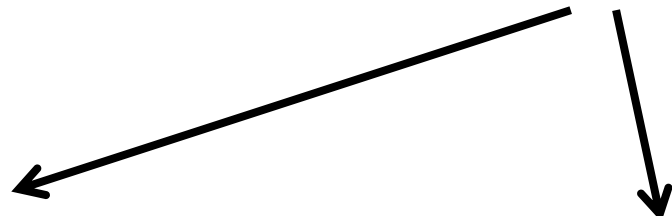
I. Which strategies are proposed by local actors of different professions ?

Results

101 suggestions from the groups



Profession: Médecin du 21/03/2010 (Médecin)	Profession: Médecin du 21/03/2010 (Médecin)	Profession: Médecin du 21/03/2010 (Médecin)	Profession: Médecin du 21/03/2010 (Médecin)
1. Améliorer la communication entre les professionnels de santé.	1. Améliorer la communication entre les professionnels de santé.	1. Améliorer la communication entre les professionnels de santé.	1. Améliorer la communication entre les professionnels de santé.
2. Mettre en place un réseau d'urgence.	2. Mettre en place un réseau d'urgence.	2. Mettre en place un réseau d'urgence.	2. Mettre en place un réseau d'urgence.
3. Créer un centre de soins.	3. Créer un centre de soins.	3. Créer un centre de soins.	3. Créer un centre de soins.
4. Mettre en place un service de soins.	4. Mettre en place un service de soins.	4. Mettre en place un service de soins.	4. Mettre en place un service de soins.
5. Mettre en place un service de soins.	5. Mettre en place un service de soins.	5. Mettre en place un service de soins.	5. Mettre en place un service de soins.
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9. Mettre en place un service de soins.	9. Mettre en place un service de soins.	9. Mettre en place un service de soins.	9. Mettre en place un service de soins.
10. Mettre en place un service de soins.	10. Mettre en place un service de soins.	10. Mettre en place un service de soins.	10. Mettre en place un service de soins.



Specific actors

- Hospital
- GP
- Pharmacists
- Pharmaceutical companies
- Any health professional ...
- Privileged interlocutor

Specific means

- Better communication
- Computing network
- Shared tools
- Standardised processes
- Financial aspects

1. Which strategies are proposed by local actors of different professions ?

Results



Themes \ Participants	Hospital stakeholders (N=9)	Hospital specialists (N=11)	General practitioners (N=5)	Pharmacists (N=9)	All participants
Specific actors					
Hospital	≥20%	<10%	≥10 et <20%	≥20%	≥10 et <20%
General practitioner	≥10 et <20%	<10%	<10%	<10%	<10%
Pharmacists	<10%	≥10 et <20%	<10%	<10%	<10%
Pharmaceutical companies	<10%	<10%	<10%	<10%	<10%
Any health professional	≥10 et <20%	<10%	≥10 et <20%	≥20%	≥10 et <20%
Privileged interlocutor	<10%	≥10 et <20%	<10%	<10%	<10%
Tools or processes					
Better communication	<10%	≥20%	≥20%	≥20%	≥10 et <20%
Computing network	≥10 et <20%	<10%	<10%	<10%	<10%
Shared tools	≥10 et <20%	≥20%	≥20%	≥10 et <20%	≥10 et <20%
Standardised processes	≥10 et <20%	<10%	≥10 et <20%	<10%	<10%
Financial aspects	<10%	<10%	<10%	<10%	<10%

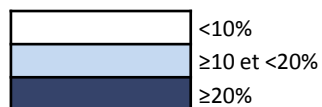


<10%
≥10 et <20%
≥20%

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Pharmaceutical companies	<10%	<10%	<10%	<10%	<10%
Any health professional	≥10 et <20%	<10%	≥10 et <20%	≥20%	≥10 et <20%
Privileged interlocutor	<10%	≥10 et <20%	<10%	<10%	<10%
Tools or processes					
Better communication	<10%	≥20%	≥20%	≥20%	≥10 et <20%
Computing network	≥10 et <20%	<10%	<10%	<10%	<10%
Shared tools	≥10 et <20%	≥20%	≥20%	≥10 et <20%	≥10 et <20%
Standardised processes	≥10 et <20%	<10%	≥10 et <20%	<10%	<10%
Financial aspects	<10%	<10%	<10%	<10%	<10%



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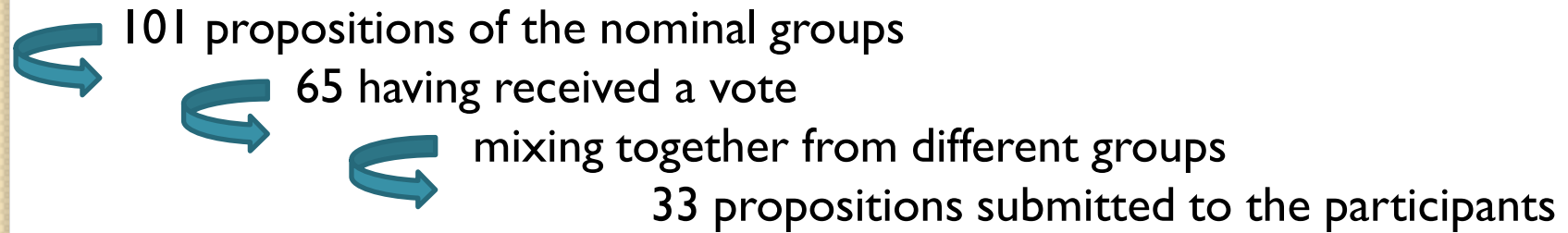
2. Which strategies are acceptable by all of them?

2. Which strategies are acceptable by all actors ?

Method

Actors 10 representatives of general practitioners
10 representatives of pharmacists
10 other specialists in hospital
10 hospital stakeholders

Modified Delphi process

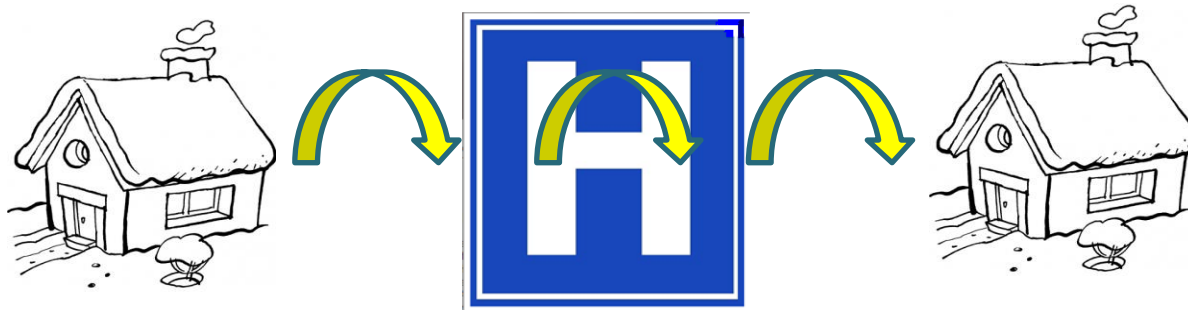


Tour 1: acceptance, rejection or new formulation

Tour 2: prioritization of the propositions

2. Which strategies are acceptable by all actors ?

Results



The GP prepares a letter containing the necessary information about the patient's treatment before hospitalisation

The hospital implements formal processes about the patient's drug treatment follow-up

The hospital gives a readable list of drugs to the patient when he/she leaves the hospital

2. Which strategies are acceptable by all actors ?

Results



Centralisation of the patient's data

A unique medical record containing information about, among others, drug treatment that is accessible by the professionals of the two levels of care

Bias of the study

- Complex problem
- => may require a combination of some implementation strategies
- Influence of structure and organisation on individuals' behaviours

Conclusion

- Possible implementation → action research
- Some important or suggestive missing elements
 - the patient
 - the cost (for the patient, for the society)



Thank you for your attention

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